

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	INDOLES AS NAALADASE INHIBITORS
Attorney Docket Number::	054707-1274
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	37
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Takashi
Family Name::	Tsukamoto
City of Residence::	Ellicott City
State or Province of	MD
Residence::	
Country of Residence::	US
Street of mailing address::	4534 Kingscup Court

City of mailing address:: Ellicott City
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 21042

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian
Family Name:: Grella
City of Residence:: Richmond
State or Province of Residence:: VA
Country of Residence:: US
Street of mailing address:: 5105 Wythe Avenue
Richmond , VA 23226
Country of mailing address:: USA

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CZ
Status:: Full Capacity
Given Name:: Pavel
Family Name:: Majer
City of Residence:: Sykesville
State of Residence:: MD
Street of mailing address:: 6201 Long Meadow Drive
City of mailing address:: Sykesville
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 21784

Correspondence Information**Correspondence Customer Number::** 29728**E-Mail address::** PTOMailWashington@foley.com**Representative Information**

Representative Customer Number::	29728	
---	-------	--

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US02/37617	12/19/2002
PCT/US02/37617	Non-Provisional of	60/342,764	12/28/2001

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information**Assignee Name::** Guilford Pharmaceuticals Inc.